PLUMME NOIE NEW MUDRESS FOR PLACE OF 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State SP Real Estate, Inc. 05-12-2001 90005 012 \*\*\*150.00 Principal Place of Business Mailing Address 13700 Park Blvd. 13700 Park Blvd. Seminole, FL 33776 Seminole, FL 33776 (Please note these are a new address) A0063939 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3269230 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jackson H. Bowman III Street Address (P.O. Box Number is Not Acceptable) 1298 38th Avenue NE St. Petersburg, FL 33704 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jackson H. Bowman III President typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See,criteria on back)\_ Make Check Payable to Department of State-OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition P/D NAME NAME Jackson H. Bowman III STREET ADDRESS STREET ADDRESS 1298 38th Avenue NE CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33704 Change ☐ Delete TITLE Addition S/D NAME NAME Robert K. Strickland STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1343 52nd Avenue NE CITY-ST-ZIP St. Petersburg, FL 33703 Change TITLE ☐ Delete — TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address, with all other like empowered. SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR